COUNTY PRENATAL BLOCK GRANT
COUNTY SUMMARIES
and
COUNTY EVALUATIONS

2003-2004

Arizona Department of Health Services
Office of Women's and Children's Health

Submitted by

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INDEX

I. BACKGROUND AND HISTORY

The County Prenatal Block Grant (CPBG) was developed to address the need for early risk assessment, even prior to pregnancy; to create a seamless system of care by involving providers and community groups in the planning and development of prenatal care and services; and to promote healthy environments and quality medical care for infants. Arizona has had a history of maintaining an excellent system of care for the high-risk infants <u>after</u> they are born or once a pregnant woman has been identified as being high risk. A major goal of the CPBG has been to focus on increasing positive birth outcomes by way of providing services and education to all women of childbearing age prior to, during, and after childbirth.

In 1996, the program was originally funded for $1,281,100. The individual allocation formula was developed by the Arizona Department of Health Services/Office of Women's and Children's Health (ADHS/OWCH) in conjunction with a six member subcommittee of the Arizona County Health Officers Association (ACHOA). The formula was approved by the Joint Legislative Budget Committee (JLBC), utilizing three (3) major factors:

1. Amount of Teen Prenatal Express (TPE) funding that the county previously received

2. Population (number of women of childbearing age)

3. Need (number of low and very low birth-weight babies, and number of women who received late prenatal care or no care at all)

Since the original formula was developed, funding has been modified. Counties that received the least funding have received an increase in funding. Since this is a state-funded program, it is subject to budgetary reductions. Through excellent planning, counties have continued to provide services.

II. PROGRAM ADMINISTRATION

Administration of the CPBG Program is completed through Inter-Governmental Agreements (IGA) with each of the counties. The CPBG Program is managed by the CPBG Program Manager in the Office of Women's and Children's Health (OWCH).

A. Administrative Functions

The Program Manager is responsible for the management of the overall administration of the CPBG. The primary functions of the Program Manager are:

1. **Communications:**

   Ensure that counties be kept informed of issues related to prenatal care and the CPBG. Formal communication is provided through biannual meetings with counties and frequent telephone and e-mail communications providing program updates and announcements. The Program Manager also serves as liaison for counties to resolve potential problems and to mediate if and when necessary.

2. **Technical Assistance:**

   The Program Manager is responsible for providing research and statistical information that will help facilitate the planning, implementation, and evaluation of the counties' programs.

   In addition to providing counties with resource information, statistical data, and references, the Program Manager also assists the counties with their planning and reporting requirements. The IGA requires an annually revised Needs Assessment, Annual Implementation Plan and Quarterly Evaluations and Quarterly Reports. The Implementation Plan requires clearly-defined goals, objectives, action steps, and data collection. Each county is required to evaluate their program effectiveness on a quarterly basis. The format is now based on the Arizona Logic Model and is used as a tool for the counties to identify needs and barriers; plan and develop effective programs; and evaluate successes and accomplishments.

3. **Miscellaneous Administrative Functions:**

   The CPBG Program Manager is responsible to develop IGAs for each county and ensure each county's compliance with their IGA. The Program Manager is responsible to conduct a minimum of one site review per year and provide counties with written feedback on the results of the annual review. Other responsibilities include authorizing quarterly payments; maintaining current contact names and addresses for the contractors' list; and providing technical assistance that counties may need in order to carry out the duties and requirements of this grant.

B. Administrative Accomplishments

- Revised and developed IGAs for all 15 counties
- Attended County Advisory Council Meetings
- Conducted Site Visit Reviews and developed written reports
- Provided Technical Assistance and training on the Arizona Logic Model, reporting formats and other consultation when requested
- Developed and maintained Contract Log, Name/Address Log and Payment Authorization Log
- Coordinated and facilitated biannual meetings and communications
- Revised CPBG Policy and Procedures Manual to reflect reporting requirements

III. PROGRAM DESCRIPTION

This program is unique in both structure and process. Unlike most traditional grants, the CPBG is county driven and community based. Each county determines what is needed in the community. OWCH has supported the communities identifying their own community needs and acting on their own solutions. Because of this, the descriptions of the programs vary from county to county. However, there are two fundamental goals that are consistent throughout all counties: 1) The development of a plan to improve the health status of women and infants in the county; and 2) The implementation and evaluation of the plan designed to improve the health of women, children and infants. Each county health department (CHD) holds advisory board meetings to develop a Needs Assessment and Implementation Plan. They are revised annually and are the tools used to develop, implement and evaluate programs that will improve the health of women, children and infants. This process requires that all counties do the following:

- Include significant participation and involvement of community membership in the planning process
- Identify local needs and compare to statewide and national needs
- Develop a system of coordinated service delivery
- Collaborate with other local agencies to coordinate services

IV. PROGAM BARRIERS

A. Staffing

Most of the counties are rural which has presented a significant problem in staffing the CPBG programs. It is not only difficult to recruit qualified workers, it is almost impossible to retain them. In order to do so, the counties must offer competitive salaries that they cannot afford to pay. Because the funding formula is partially based on population, the rural county allocations are not adequate to meet the high cost of salaries, transportation barriers, and delivery of perinatal services throughout the county.

B. Funding

Funding limitations have presented service barriers to all counties. The grant size has decreased since its inception in 1996. However, the population and target group have grown. As mentioned above, staffing problems and transportation barriers are common to all rural counties. In addition, some of the rural counties have no birthing hospital or physician. While the urban areas have a larger population that produces a greater number of providers, the needs usually far exceed available services, resources, and providers.

V. COUNTY PRENATAL BLOCK GRANT – COUNTY REPORTS

A. Apache County

Apache County is a rural community that lies in the northeastern area of Arizona with a population of 69,423 residents. Because the northern area of the county is on reservation land, the CPBG has been primarily servicing the southern Apache County area. Apache County Health Department (ACHD) has undergone a recent reorganization and has incorporated the CPBG into the county system. Since that time, several coordinators have been hired and the program has been in transition. This past year, the program has become stabilized and focused. The CPBG Coordinator was able to combine programs and resources to develop a comprehensive perinatal program addressing the needs of women, infants and children in Apache County. The Apache CPBG provides the following services:

1. **Prenatal Case Management Program:** The ACHD has used "creative financing" to develop and provide a comprehensive maternal child-health program that addresses a full spectrum of services for women's health, prenatal care and education, childbirth education, postpartum care, and children's services. They have applied for, and received, Health Start and Community Health Grant monies to address the needs of women prior to pregnancy (health education and folic acid supplements), prenatal classes and assistance to prenatal care, postpartum follow-up, developmental assessments, immunizations, free car seats, and car-seat training. They work closely with Arizona Early Intervention Program (AZEIP); Women, Infants, and Children (WIC); local health care providers; and public health nurses to ensure there is a "safety net" for women and children who would not otherwise receive services. Because there is no birthing hospital in the county, only one obstetrician and a one-day-a week pediatrician in Apache County and CPBG staff work hard at supplementing and following up on clients to compensate for the lack of medical services available in the county.

2. **Child Safety Program:** As a major focus for the CPBG Program, a comprehensive child safety program has been developed in Apache County. Since May 2002, ACHD has received a Community Health Grant to expand their car-seat safety program. All of the Lay Health Workers have received car-seat safety training and are now certified technicians. Three days a week Lay Health Workers provide training on car-seat safety and demonstrate proper installation to parents.

   Education materials were also distributed to the general community on Shaken Baby Syndrome and Sudden Infant Death Syndrome (SIDS). In addition, both the CPBG Program and Health Start staff provided education and assessments related to environmental hazards and in-home safety issues to pregnant women and families.

3. **Program Evaluation: See Appendix II, page 26, County Prenatal Block Grant Evaluations.**

B. Cochise County

Cochise County is located in the southeastern corner of Arizona and has a population of 117,755 people. The CPBG functions under the project name of the Adolescent, Maternal and Child Health Project (AMCH) within the Cochise County Health Department (Cochise CHD). The CPBG Coordinator also oversees the Health Start Program and has combined resources that have resulted in an excellent perinatal program that covers a very large, rural area.

1. **Prenatal and Preconceptual Health Program:** Teen pregnancy is a major priority for the Cochise CPBG Advisory Board. A major function of the program is devoted to case management and education to this population.

2. **Education:** Linkages and collaboration with other programs, schools, and agencies provide opportunities for Lay Health Workers to educate teens on issues related to puberty, health status, and the effects it has on birth outcome (prior to and during pregnancy). The importance of breastfeeding and its impact on a child's health is emphasized. Education is also provided on folic acid, lead poisoning, oral health and preterm delivery, home-safety issues, and the effect drugs and alcohol have on birth outcome.

3. **Breastfeeding Program:** Lay Health Workers have been trained in breastfeeding counseling. Much of their efforts are focused on education and research on negative side effects of formula-fed babies. They are now providing breastfeeding classes as a part of the prenatal classes that are offered at the hospital. Breastfeeding classes are also a component of the case management/home visit program.

4. **Oral Health Program:** Since the CPBG staff became aware of the significant correlation between periodontal disease and preterm deliveries, an oral health component was added to their plans. It is recommended that women brush their teeth a minimum of two times a day, floss and receive at least one thorough teeth cleaning during pregnancy. The CPBG Coordinator is researching a funding source to pay for, or assist in the cost of teeth cleaning during pregnancy. In the meantime, Lay Health Workers are providing education on oral health and its impact on birth outcome.

5. **Community Collaboration:** Cochise CPBG continues their extensive collaborative efforts with local agencies and providers to develop and expand programs and systems of care that will result in an efficient system of care to meet the needs of area residents.

6. **Program Evaluation: See Appendix II, Page 27, County Prenatal Block Grant Evaluations.**

C. Coconino County

Coconino County, which covers the largest area of all Arizona counties, lies in the northern area of Arizona, contains over 18,000 square miles, and has a population of 16,320.

The CPBG Coordinator has developed a number of programs that involve the participation of many outside agencies. In fact, all of her programs utilize the services and expertise of other community groups. This supports the philosophy of the CPBG Program in that it requires the collaborative participation of community-based programs to provide input and joint efforts in the development of needed programs utilizing maximum resources. Projects truly demonstrate attempts to create a coordinated system of care.

1. **Prenatal Care Program:** The Coconino County Health Department (Coconino CHD) has partnered with North Country Community Health Center (NCCHC), the local community health center. Together they implemented a program that encourages and facilitates early prenatal care for women who are economically disadvantaged (incomes with 200% of the federal poverty level or less), have no insurance and are not eligible to receive Arizona Health Care Cost Containment System (AHCCCS).

   Coconino CHD provides a $300 payment for pregnant women who meet income guidelines to supplement the $600 prenatal care package that the health center offers. This program has been so effective in the past that NCCHC has also procured funding of its own from other sources in order to provide this service. When their resources are no longer available, the CPBG program funds the balance of the year, assuring that all women who qualify will receive prenatal care. Consequently, the actual number of women benefiting from this program will not be available until the Fourth Quarter Report.

2. **Childbirth Series:** The CPBG Program developed and coordinates a comprehensive series of classes to help prepare both "parents to be" for labor, delivery, and life with their baby. All of the classes are held once a month and are free of charge.

   - Perinatal Fitness:
     This class helps pregnant women to develop a healthy nutrition and exercise plan, from the beginning of their pregnancy to six months after delivery. The class includes a balance of nutrition education, strength training, stretch/relaxation, and moderate exercise.

- <u>Childbirth Education Workshop</u>:
  The workshop is a six-hour class that prepares expecting parents for labor and delivery. The class covers stages of labor, relaxation techniques, massage, and common medical procedures during childbirth. For the expecting moms, the last hour and a half includes guided relaxation exercises, while the dads participate in "Boot Camp for Dads" (see below). To date, 127 couples have taken the class and have demonstrated a 14% increase in knowledge regarding prenatal care and childbirth.

- <u>Boot Camp for Dads</u>:
  "Boot Camp for Dads" is a program in which new dads receive education about infant care and bonding. This class brings together new dads and their infants and allows expecting dads to discuss the basics of life with the new mom and baby. To date, 51 dads have participated in the program.

- <u>"Hello Baby"</u>:
  This is an introduction to newborn care that covers diapering, bathing, breast and bottle feeding, sleep and awake patterns, personality and development, crying and colic, illness and doctor visits and mom taking care of herself.

- <u>Couples Skills for Parents</u>:
  To complete the Childbirth Series, a class that focuses on improving communication skills for the new parents is also offered. The class is offered free of charge for couples who have taken, or plan to take, the childbirth education class.

3. **<u>KidStuff Swap</u>:** This unique program allows families to trade outgrown clothing and baby items with other families. It is also intended to provide families with the opportunity to receive information and appropriate referrals for health and social services in their community. Two events were held throughout Coconino County this year. As of the third quarter, 29 families have attended the events, nearly half of them have either been referred to or enrolled in services.

4. **<u>Program Evaluation</u>: See Appendix II, Page 29, County Prenatal Block Grant Evaluations.**

D. Gila County

Gila County is located in the central area of the state. It has an estimated population of 51,336 people who live primarily in small rural areas. The majority of the county resources are in the Globe/Miami and Payson areas.

The previous coordinator has been promoted to Divisional Health Program Manager for Gila County. She also attempted to maintain and coordinate both the CPBG and Health Start Programs until five months ago when the new coordinator was hired. In order to familiarize herself with the services, target population and other program activities, she has attended trainings for early childhood development, breastfeeding, adoption awareness and CPR. She has taken the car-seat training and is a certified technician. The following are activities and programs that currently exist in Gila County:

1. **Educational Programs:** One major focus for Gila County Health Department (Gila CHD) has been to provide informational materials to the public regarding nutrition, oral health, prenatal care, breastfeeding, folic acid, and birth defects. In order to expand this educational component, the CPBG Coordinator has received training in, and is in the process of developing, a prenatal educational curriculum and workshop. The workshop will include information on conception, prenatal care, breastfeeding, labor and delivery, infant care, Shaken Baby Syndrome and childbirth.

   The coordinator has been doing the marketing and public relations activities to advise and inform other agencies and the pubic regarding the prenatal care and services that are now, and will be, available from the Gila CHD. The Coordinator has also expanded the service area to include outreach to Payson, Hayden, Winkleman, Pine, Strawberry, Tonto Basin, Roosevelt, as well as Globe and Miami.

2. **Network and Collaboration Activities:** The CPBG Coordinator is actively involved in a number of maternal and child health organizations. Her involvement includes participation in the Early Childhood Network, Horizon, Child Protective Services, WIC, Department of Economic Security (DES) Child Care, Head Start, Tobacco Free Environment, the local hospital, Healthy Mothers/Healthy Babies Coalition, and the Globe/Miami Interagency meetings.

3. **Lending Library:** The lending library of videos and books on child development, prenatal care, parenting, curricula on hygiene, water safety, etc. that was developed by the CPBG Coordinator continues to be a community resource. Although the library was initially developed for the county clients and the public, the schools, college students, and other agencies have found it to be a valuable source of information and used primarily as teaching tools.

4. **Transportation Reimbursement Program:** Gila CPBG program provides transportation reimbursement to family, friends, or neighbors of pregnant women for transporting them to their prenatal doctor visits. This program exists in both Payson and Globe/Miami.

5. **Child Safety Program:** The CPBG Coordinator is a car-seat technician which will allow her to provide a thorough infant-restraint program. She has also been researching car seats and resources to acquire them.

6. **Health Start Grant:** The CPBG Coordinator is also coordinating the Health Start Program and has hired a Lay Health Worker. As a result, Health Start

clients have been made aware of the services of the CPBG Program and have been able to benefit from both programs.

7. **<u>Emergency Services</u>:** As a special service to families who are in crisis and need, the CPBG coordinator has recruited donations from community sources to provide emergency formula, diapers, and clothing. This program is not advertised as demand may exceed supply. In spite of this, 22 families, through "word of mouth," have utilized this program to date.

8. **<u>Program Evaluation</u>: See Appendix II, Page 31, County Prenatal Block Grant Evaluations.**

E. Graham County

Graham County is a rural county located in the southeastern area of the state. Graham County has an estimated population of approximately 33,489 residents. In spite of continuous staffing problems Graham County has experienced over the last few years, the program appears to be revitalized, providing prenatal classes, useful incentives and collaboration with other agencies.

1. **<u>Pregnancy Testing and Counseling</u>:** Pregnancy Testing Clinics continue to be held two times a week. Pregnancy testing is available by appointment and on a walk-in basis. All who test positive receive appropriate referrals to WIC and AHCCCS. They also receive a congratulatory bag with information about pregnancy and a week's supply of prenatal vitamins. Extra prenatal vitamins are provided to women who cannot afford to buy them or who are waiting to see a doctor.

2. **<u>Community Involvement and Education</u>:** The Graham County Health Department (Graham CHD) and the CPBG Program participated in a Teen Health Fair/Maze. Over 536 students were provided with information on signs and symptoms of sexual transmitted diseases (STDs) and treatments available. This event was held in collaboration with the Graham CHD, Teen Pregnancy Prevention Initiative, Teen Wellness Clinic, Child and Family Resources and the 4H Character Development Program.

3. **<u>Folic Acid Program</u>:** Women who have a pregnancy test with a negative result receive thorough education on folic acid. They are also provided with up to a year's supply of supplements. A major objective for Graham County is to increase women's knowledge of the importance of their health status prior to pregnancy, and its effect on birth outcome. This is emphasized using a pre-test, provision of folic acid education and supplements, and the administration of the post-test. The CPBG Coordinator also provides follow-up. This program is funded by a combination of CPBG funds and monies received from the Arizona Department of Health Services/Office of Nutrition.

4. **<u>Prenatal Education</u>:** The CPBG Coordinator has developed a relationship and agreement with WIC to provide prenatal classes at the WIC office for both WIC and GCHD patients. The first classes began in February and cover the growth of the fetus, newborn care, Sudden Infant Death Syndrome (SIDS) and postpartum depression.

   The CPBG Coordinator has increased motivation for attendance by developing monthly curricula that are relevant to client's needs. She has also developed an excellent incentive program by having monthly drawings for attendees and gift packs containing items new mothers need and many times cannot afford. Developing this program in conjunction with WIC has been extremely successful so far and women are demonstrating increased awareness of prenatal care as well as postpartum care and parenting skills. This appears to be a much needed and wanted program in Graham County.

5. **<u>Program Evaluation</u>: See Appendix II, Page 32, County Prenatal Block Grant Evaluations.**

F. Greenlee County

Greenlee County is a small rural county, located in the southeastern area of Arizona, bordering New Mexico. Greenlee's population is over 8,547 residents. The new Director of Nursing (DON) has now been in this position for over a year. The Greenlee County CPBG has developed into a well-organized and comprehensive program that is truly addressing the needs of pregnant women and teens. Functioning as the CPBG Coordinator and the DON, she has the responsibility to oversee public health programs and is utilizing this position to coordinate the services offered in the CPBG program.

1. **<u>Health Education and Prenatal Care Program</u>:**

   - <u>Prenatal Classes</u>:
     The CPBG Coordinator has developed a comprehensive prenatal education program. Her classes consist of six sessions, and many times include the baby's father. The curriculum covers health during pregnancy, stages of pregnancy through labor and delivery, nutrition, and cesarean births. It also includes books, films and "one-on-one" counseling/educational sessions.

     The coordinator has also developed a very collaborative relationship with the WIC worker. They refer clients to each other in order that pregnant women and new mothers receive a full range of services that are very accessible.

   - <u>Pregnancy Testing Program</u>:
     When a woman receives a positive pregnancy test, the coordinator immediately provides prenatal vitamins and a referral to WIC. During the first visit, women will receive education on breastfeeding as well as breast

pumps. They also receive car-seat safety training and child restraints. Since Greenlee County has no obstetrician or a hospital, for many women the CPBG program is the only prenatal care they receive. For others, it may be the only prenatal care they receive until the third trimester. The CPBG Coordinator is currently tracking birth weight for the current year to determine if, and by how much, her program has influenced birth outcome for these women as compared to last year's rates.

- <u>Tobacco Education</u>:
  When appropriate, a referral is made for clients who smoke. A film and educational materials are provided to all prenatal clients. It includes information on the effects of tobacco, drugs, and alcohol on the unborn fetus.

- <u>Folic Acid Program</u>:
  When women have a negative pregnancy test, they are provided with folic acid education and supplements. Pregnant women are also provided with vitamins that have folic acid supplements for the first few weeks of development, when it is the most important.

2. **<u>Gift and Information Packs</u>:** When women receive a positive pregnancy test, they are given information packets that include information on prenatal care, immunizations, and community resources that are available. Gift packs are provided in carry tote bags and consist of Pamper Packs, Lamaze Packs, and extra flyers with labor and delivery and child care information, toys, parenting magazines, lotions, and many more things. It is a major collection of useful items for a new parent that they may not be able to afford.

3. **<u>Program Evaluation</u>: See Appendix II, Page 33, County Prenatal Block Grant Evaluations.**

G. La Paz County

La Paz County is a rural county with an estimated population of 19,715 people. The CPBG Coordinator has also taken on the responsibility of Director of Nurses (DON). La Paz County Health Department (LPCHD) has had major problems recruiting nurses and consequently the CPBG Coordinator/DON has been the only nurse serving La Paz County. In spite of the staff shortage, she has been both creative and insightful regarding identifying the sources of the problems and solutions as well as creating effective programs that address the needs of the La Paz County women and children.

1. **<u>Pregnancy Testing</u>:** The assessment tool the CPBG Coordinator has developed has been successful in determining pregnant women's eligibility into certain programs such as WIC, AHCCCS, Baby Arizona, etc. Enrollment into Baby Arizona has previously been a major problem due to lack of staff training and an accurate tracking method. In the last two years, a system developed by the CPBG

Coordinator has been implemented that identifies, tracks, and refers not only Baby Arizona-eligible women but women who may be potentially eligible for other appropriate resources.

Women who test positive are given educational materials on folic acid, smoking, drugs, alcohol, nutrition, and prenatal care. This has proven to be an excellent service to bring women into the program and get them into early prenatal care. A pre-/post-test has also been developed that measures effectiveness of the program.

2. **CPBG/Immunization Program Partnership (Welcome Baby Basket):** The Immunization/Welcome Basket Program is targeted towards babies who are 12 months or younger. This program includes a home visit that is done by the CPBG Coordinator and a Public Health Specialist. The increased success of this program could be due to the fact that appointments are scheduled the same day as the application and are made within two weeks of the initial referral. The "Basket" contains practical items the clients may not otherwise be able to afford. When the home visits are made, educational materials and information on programs (Kids Care, WIC, Baby Arizona, AHCCCS, etc.,) are also provided. This program has four main functions:

   - Limit the number of childhood diseases through the Immunization Program
   - Assess home for safety concerns
   - Identification of special needs for children (Developmental Assessments)
   - Provide general information and education on parenting, nutrition, and community resources

   The CPBG program has made enormous improvements over the last two years. In spite of the fact that the LPCHD is very short on nursing staff, CPBG Program continues to thrive.

3. **Program Evaluation: See Appendix II, Page 34, County Prenatal Block Grant Evaluations.**

H. Maricopa County

Maricopa County, located in central Arizona, is the largest county in population in the state. Its population exceeds 3,072,149 people.

The Maricopa County Maternal, Child and Family Health Division has recently undergone a necessary reorganization. In addition, as a result of the CPBG funding being reduced, the Pregnancy Connection has lost a case manager position and most case management functions will now be conducted primarily by telephone.

1. **Family Health Partnerships:** This component of the program has been responsible for major community collaboration, coordination, partnering and coalition building in the South Phoenix and Maryvale areas. The Maricopa

CPBG Program assists in the funding of this project that focuses on the mobilization of community coalitions and improvement of access to health care. Promoting self-sufficiency in communities, where services are lacking significantly, has become a very effective and creative means for communities to assume personal responsibility for prenatal care and services in their areas. The Maricopa County Office of Family Health continues to be perceived in the community as a leader in Maternal and Child Health issues. Community agencies and members look to the CPBG Coordinator and Office of Family Health staff for input, assistance and participation in many maternal and child health activities and functions.

2. **Pregnancy Connection:** This program is a comprehensive case management program for women who have a positive pregnancy test. Due to budget cutbacks, the Pregnancy Connection has been forced to be limited on the provision of direct services. Referrals are received from on-site pregnancy testing clinics, STD Clinics, Pregnancy Hotline, Planned Parenthood, Baby Arizona, Parent Support Center, Family Planning Program, the WIC Program, DES, schools and other agencies. Women with low-risk factors will be followed until they receive prenatal care. Those with high-risk factors will be referred to other programs, if possible, or will be followed by Pregnancy Connection staff if necessary. Most case management will be done by telephone, while previously case managers provided at least three home visits during the pregnancy of high-risk clients. During the first three quarters of FY03-04, 213 clients were case managed and 1,216 client contacts were made. Since the budget cuts, this is a significant drop in client services. Because this program is totally funded by the CPBG, it is apparent that budget reductions have significantly affected pregnant women (at-risk) in Maricopa County.

3. **Community Development:** The CPBG/Office of Family Health are participating in a project, Friendly Access, that focuses on the concept that good customer service improves access to care which results in a positive birth outcome. Maricopa County Department of Public Health is committed to develop the concept within the health provider community. They have involved high-level management representatives from state and local governments as well as private and corporate representatives. Due to the Arizona Department of Health Services, Maricopa County Department of Public Health and St. Joseph's Foundation, full funding has been provided for this project and it is now being implemented.

4. **Program Evaluation: See Appendix II, Page 36, County Prenatal Block Grant Evaluations.**

I. Mohave County

Mohave County is a rural county in the northwestern area of the state and borders the Colorado River. It has an estimated population of 156,032 residents.

Last year the Director of Nurses (DON) successfully recruited the County Board of Health to also function as the Advisory Council. Consequently, there is input and participation from all areas of the county. It has become a very good solution to an ongoing problem. They meet quarterly and consist of the community as well as the provider population and are all committed to the same goals and mission of the CPBG program.

The CPBG Coordinator oversees the Health Start Program, CPBG Program, Immunizations, and Community Health Grant. This allows her to maximize services in an economically-efficient manner.

1. **Pregnancy Testing:** Women who present at the Mohave County Health Department for pregnancy tests and test negative receive information and education on preconceptual health, risk behaviors, nutrition counseling, referrals to community resources, and folic acid. The Folic Acid Program is a joint project shared by CPBG, Health Start, and Reproductive Health staff. Clients are pre-tested, educated, provided with folic acid and post-tested. Although this program is primarily funded by WIC, CPBG/nursing staff supplement the program by providing the educational component.

2. **Prenatal/Perinatal Care:** Women who have a positive pregnancy test receive a risk assessment, referrals to AHCCCS, WIC, nutrition counseling, prenatal care options and information on the importance of prenatal vitamins. Prenatal classes and childbirth education classes are also provided in conjunction with the hospital. The CPBG Coordinator has attended childbirth education classes and has become a certified instructor. She has developed incentives for women to attend childbirth education classes. High-risk pregnant women and families are also receiving home visits for safety checks, nutrition, and preventative health care.

3. **Child Safety:** Before this time, the Mohave County Health Department was providing car-seat training and free car seats through the Community Health Grant. Originally it was under the WIC program. As of this year, however, it was decided to expand the program to include “WIC eligible” women, as well as WIC recipients. The CPBG Coordinator has received her Child Safety Seat Technician training and has taken on the responsibility for managing the grant and supervising other staff, including Lay Health Workers, to continue the program.

4. **Program Evaluation: See Appendix II, Page37, County Prenatal Block Grant Evaluations.**

J. Navajo County

Navajo County is a rural area located in the northeastern region of the state. There is an estimated population of 97,470 residents.

Navajo County Health Department (NCHD) has experienced staffing difficulties for the position of CPBG Coordinator. The current Coordinator has been in this position for only six months and has been very successful with revising and reestablishing the program in Navajo County. She shows much creativity and enthusiasm towards the program and is developing the program to truly fit the needs of the Navajo County communities.

1. **<u>Prenatal Education and Breastfeeding Classes</u>:** The CPBG Coordinator has developed a very comprehensive prenatal series that consists of six classes: Nutrition; Preterm Labor Recognition and Prevention; Breastfeeding Basics–Problems and Solutions; Labor, Delivery, and Aftercare; Lamaze; and Infant Safety. She has set up the classes so there is a different topic each month. One of the major incentives is Mommy Bucks. Participants receive Mommy Bucks for each class attended. They are used to purchase items from the Women's Choice Pregnancy Clinic in Show Low. She is also currently working on developing the same system with Wal-Mart in areas where there is no Women's Choice Pregnancy Clinic. She has developed a pre-/post-test for each class that provides an excellent opportunity to evaluate the effectiveness of the program.

   She has also developed a marketing and referral system that is very well organized. When she receives a referral she sends them a letter introducing herself and her program. She sends out reminder notices and, if a class is missed, she follows up with a letter and notice of when the next class will be held. She has also developed an excellent form that will help to track birth outcome, prenatal visits, etc. that will be very important to measure program effectiveness.

   As a result of her interventions and tracking, she has been able, through her quarterly reporting, to demonstrate there has been a decrease of low birth-weight babies in Navajo County. This is an excellent demonstration of effective program planning, implementation and evaluation.

2. **<u>Immunizations</u>:** The NCHD realizes the importance of immunizations on the public health of its residents. Consequently, the CPBG Coordinator continues to focus on this as a priority by attending monthly immunization clinics in Winslow, Show Low, Holbrook, and Snowflake. Although immunization coverage has increased for children 0-24 months, they fell just short of meeting their initial goal due to a shortage of the vaccine. DTaP Vaccine has been replenished and staff members are continuing their efforts to meet their goal.

3. **<u>Program Evaluation</u>: See Appendix II, Page 38, County Prenatal Block Grant Evaluations.**

K. Pima County

Pima County is an urban county located in southern Arizona with an estimated population of 843,746 residents. The majority of the CPBG programs are provided through subcontracts with two outside providers to fulfill most of the requirements of this grant.

1. **<u>Foundation for Women's Health and Wellness</u>** has collaborated with the Rural Health Office to provide group prenatal care. One of the groups is held at the Rural Health Office for Hispanic pregnant women. This group is taught with Spanish-speaking providers, a nurse/midwife, and a Community Health Advisor. The prenatal care groups cover topics such as nutrition, anatomy, relaxation, common discomforts of pregnancy, prenatal testing and lab work, sonograms, and managing labor and birth.

2. **<u>Teen Outreach Pregnancy Services</u>** provides intensive case management to pregnant teens in Pima County. The program helps high-risk teens overcome barriers they face while encouraging them to move forward in their lives in a positive way. Services are provided throughout Pima County and has been contracted to case manage 60 pregnant teens for the year. By the third quarter, they had enrolled 68 teens and, in the third quarter alone provided 619 educational units.

3. **<u>Additional Programs</u>:** The Prenatal Block Grant program continues to work at establishing and maintaining formal and informal relationships with organizations and agencies providing, facilitating or advocating for health services to women and children.

4. **<u>Program Evaluation</u>: See Appendix II, Page 39, County Prenatal Block Grant Evaluations.**

L. Pinal County

Pinal is a rural county located between the metropolitan counties of Maricopa and Pima. The estimated population of the county is 179,727 residents.

Pinal County's reorganization, dividing the county into three districts, has proven to be the most effective way to deal with the needs of rural communities. Because Pinal County covers such a large geographic area, the three-district system allows for the provision of much needed services to the less populated areas. The CPBG Coordinator continues to coordinate this program; overseeing three districts that provide nurse case management services for pregnant women.

1. **<u>PCHD Maternal Child Health Program Integration</u>:** The Pinal County Maternal Child Health (MCH) Programs consist of the County Prenatal Block Grant, Women, Infant and Children (WIC) Program, Immunization Program, AZEIP, Child Safety, Healthy Families, and Health Start Programs.

2. **<u>Nurse Home Visitation Program (NHVP)</u>:** The Nurse Case Management Program has become a very successful means to provide prenatal services for

clients who live in a rural county and have difficulty accessing services. The main priority is become a very successful means to provide prenatal services for pregnant women who are defined as being at-risk. At-risk is defined as pregnant teens, women with asthma, diabetes, drug history, or history of preterm delivery. With this program early prenatal care and education is offered. The Nurse Case Management Program is provided early into and throughout the pregnancy. Prenatal education is provided in the home or in their "natural environments" on a one-on-one basis. Initially, every client has an individualized Family Service Plan developed by their Case Manager that is based on their own needs, strengths, and concerns. Monthly pregnancy clinics are held throughout the county. Pregnancy tests are provided and if tested positive, women are enrolled in the program. The CPBG Program also works closely with Health Start, coordinating services and ensuring that all identified and qualified pregnant women in the county receive prenatal care. For those women who are considered to be at-risk, the goal is to provide one home visit per month.

Postnatal visits are also provided by the CPBG Nurse Case Managers as a means of identifying potentially at-risk infants. Follow-up home visits can be provided until the infant reaches the age of two years. Because nurses also work in several of the other MCH programs they have an increased knowledge base and can assist in streamlining services for clients. To date, there have been 37 referrals to the NHVP. Because of this program, more women are entering into prenatal care earlier and are demonstrating increased awareness of lifestyle choices and the impact they have on birth outcome. It appears to be a very effective program that has had a significant positive impact on women and children in Pinal County.

3. **Program Evaluation: See Appendix II, Page 40, County Prenatal Block Grant Evaluations.**

M. Santa Cruz County

Santa Cruz is a rural county bordered by Mexico on the south and Pinal County on the north. It has an estimated population of 38,381 residents.

The County Prenatal Block Grant was subcontracted to Mariposa Community Health Center (MCHC) in October 2003. MCHC has demonstrated a history of dedication and skills that focus on women's health and maternal child health issues. The programs that Mariposa staff have provided have been the main source of services and support for women in the county and the CPBG program provides them with the funding needed to expand what has been traditionally an exceptional program.

1. **Mariposa Community Center of Excellence (CCOE):** The CCOE began in 2002 and was established to improve the health and social well being of women through a participatory, community-based, systems approach that provided the framework for improving comprehensive service delivery, health promotion,

training and leadership development targeted at reducing health disparities and increasing access to care.

The Lay Health Workers conduct the classes, provide outreach efforts to involve women, assist women in scheduling routine health maintenance visits, provide women with a Women's Health passport and Women's Resource Directory, provide monthly health education classes on nutrition, physical activities reproductive health and, when needed, arrange transportation to classes.

2. **Folic Acid Program:** Since October 2002, Mariposa has been the primary provider of Folic Acid education and supplements. They have traditionally had a very good working relationship with WIC and, through the requirements of the CPBG contract, have developed a very successful and popular Folic Acid program in Santa Cruz.

3. **Breastfeeding Program:** Breastfeeding has traditionally been a major concern for MCHC. The CPBG program funded the training of the Certified Lactation Counselor's (CLC), who were already employed by MCHC. In addition, a part-time WIC worker, trained with CPBG dollars, has been part-time CLC for MCHC. Every day a Lay Health Worker/CLC is available at the local hospital to instruct new mothers on the benefits of breastfeeding. They also provide follow up and ongoing support to encourage women to continue breastfeeding.

4. **Car-Seat Safety:** MCHC has begun to focus on developing a car-seat safety program by providing a Car Seat Rodeo. Lay Health Workers conducted an inspection of car seats for the public and provided education regarding proper use of car seats. Currently there are no certified car-seat technicians due to lack of car-seat availability and training opportunities. However, major efforts are underway to work with the Fire Departments and the Governor's Office on Highway Safety to develop/expand the program.

5. **Prenatal Education:** Through the partial funding of the Health Start program, the prenatal program is offered to women who meet the program risk criteria. A Lay Health Worker (Promatora) is assigned to each client to provide health information, emotional support, and assistance in accessing needed medical and social services. This is accomplished through case management and monthly home visits. Traditionally, the Promatora had been partially funded with CPBG funds.

6. **Program Evaluation: See Appendix II, Page 41, County Prenatal Block Grant Evaluations.**

N. Yavapai County

Yavapai County is a rural county, located in the midwestern area of the state, with an estimated population of 167,517 people and covers 65,000 square miles and has three Indian Reservations.

1. **<u>Prenatal Care Services</u>:** The Public Health Nurse (PHN) home visiting program continues to work with Health Start staff in assisting with pregnancy testing, transitioning women into early prenatal care and following up with at-risk pregnant women and teens. Providers are oriented to the home-visiting program and referrals are also received through the Yavapai County Community Health Services (YCCHS) Pregnancy Testing Program. When women test positive and participate in the Health Start program, a PHN and a Lay Health Worker provide a home visit and a prenatal risk assessment is done. A care plan is then developed for continued follow up visits.

   YCCHS's main focus is to provide early, accessible and comprehensive prenatal services for women. The initial pregnancy test, if positive, directs the patient into a comprehensive system of care. The majority of referrals are provided through the Reproductive Health Clinic after receiving a positive pregnancy test. Referrals are provided for prenatal assessments, Baby Arizona, WIC program, prenatal and childbirth education classes, Health Start and provider referrals.

   YCCHS has also developed a prenatal class for Spanish-speaking women. It was identified in their Needs Assessment that the hospital provides prenatal classes for English-speaking women but there is a significant language barrier for both the women and the hospital staff for the Spanish-speaking population. Prenatal classes began in the fourth quarter, but funding and staffing issues have prevented the program from expanding as they had planned. However, they have addressed these issues and will continue and expand as planned for the upcoming year.

2. **<u>Preconceptual Health Program</u>** includes education and training to women of childbearing age on the importance of healthy lifestyles prior to pregnancy. It includes information on the effects of proper nutrition, smoking cessation, harmful effects of drugs and alcohol and the use of folic acid on birth outcome primarily for women who are not pregnant.

3. **<u>Infant Health and Safety</u>:** Public Health Nurses provide home visits to new mothers to provide developmental assessments, home safety inspections, oral health education, identification and intervention for high-risk infants and identification and intervention for maternal depression.

4. **<u>Program Evaluation</u>: See Appendix II, page 42, County Prenatal Block Grant Evaluations.**

O. Yuma County

Yuma County is an urban county in the Southwestern part of the state with an estimated population of 160,026 people.

1. **<u>Community Involvement</u>:** Community involvement and outreach continues to be an important component of Yuma CPBG program. The CPBG Coordinator is Chairperson of the Yuma County Child Abuse Prevention Council, the Marine Corps Air Station (MCAS) Coalition, the Vista Advisory Committee and the Family Youth Connection. In addition, the CPBG Coordinator has taken on the additional responsibility of being appointed the Emergency Animal Services Director for Yuma County.

   In addition, the CPBG Coordinator has made an increased number of community presentations related to maternal child health, prenatal care, and teen pregnancy and parenting programs. Presentations have been made to the School Board, Student Nurses and School Principals.

2. **<u>Yuma County Maternal Child Health (MCH) Advisory Council</u>:** The Yuma County MCH Advisory Council is quite active. They have formed two subcommittees that work closely together on major community projects related to maternal and child health issues. Nurturing Families Subcommittee (previously Peer Teaching and Nurturing Subcommittees) and the Opportunities Subcommittee (previously the Awareness and Opportunity Subcommittees) each meet on a monthly basis.

3. **<u>Teen Pregnancy Programs</u>:** The CPBG Coordinator is available to provide services to all women of childbearing age. However, because Yuma County ranks third in the state for teen pregnancies, the CPBG Coordinator and the Yuma County Health Services (YCHS) focus a great deal of efforts on this population. An extensive outreach, teaching and case management component has been developed. The majority of teens being case managed are between the ages of 15 and 17 years. The Coordinator provides an educational component on parenting, prenatal care, dietary information, breastfeeding and substance abuse. This program is primarily made available to participants in the TeenAge Parenting Program (TAPP).

   With the combined efforts of the CPBG Coordinator and the Yuma County MCH Advisory Council, an annual teen festival is held. Historically the event attracts approximately 400 teens and youth. This year a joint effort is planned with the U.S./Mexican Health Commission to hold a festival at San Luis in Arizona and in San Luis, Mexico. The event is to be held simultaneously. This will be the first time such an endeavor has been attempted.

4. **<u>Program Evaluation</u>:** **See Appendix II, Page 43, County Prenatal Block Grant Evaluations.**

VI. CONCLUSION

A major intent for the CPBG has been to develop a system of care that is streamlined, seamless, and accessible to Arizona's women and children. When asked what their county would look like without the CPBG, counties reported that there would be no maternal child health programs. They also commented on how the grant has served two major purposes:

A. Due to the IGA requirements, the grant has forced counties into creatively structuring programs that are streamlined, accessible to women and children and are community based. Community based means programs are developed with input from the community and includes participation of other agencies serving the same target population. By coordinating efforts and resources, programs and services have improved and counties are empowered to create programs that fit their own needs and characteristics.

B. IGAs require that all counties develop an action plan that is based on the community needs assessment. IGAs also require that counties evaluate their progress on a quarterly basis. Counties have reported this helps to keep them focused and on track.

Counties now collaborate with each other and with other health and social services agencies. They have developed creative financing strategies that combine resources of several programs resulting in getting the biggest bang for the buck. This merging of resources has also resulted in the development of a strong networking component that will ultimately lead to a seamless system of care. Many counties, especially the rural counties, depend on the CPBG to fund all of their Maternal Child Health Programs. The reduction or elimination of their already meager funding would have devastating results on health services for women, infants and children statewide.

Appendix I

STATEWIDE EVALUATION NARRATIVE
2003-2004

Since its inception in l996, the County Prenatal Block Grant (CPBG) has neither been able to identify the actual numbers of women and children who have benefited by the program, nor has there been a tool in place to actually measure effectiveness of the services provided. In 2002, the Logic Model was required to be used by all counties as the planning, evaluation, and reporting tool for this program. The attached documents contain the CPBG Evaluations by each county, and the Statewide CPBG Evaluation in aggregate numbers.

Results of the evaluations show that statewide, the CPBG has provided 7,429 women with prenatal or perinatal services including but not limited to prenatal classes, childbirth education classes, breastfeeding education, risk assessments, home visits, folic acid education, supplements and follow up. The CPBG also provided 2,447 children with services related to immunizations and home safety checks. Appendix III covers the aggregate numbers of the major goals and objectives of all 15 counties.

ADDITIONAL PROGRAMS:

Based on the individual needs assessments conducted by each county, other areas of service delivery were identified, not common to all counties, but are important to mention.

- Substance Abuse information and education was provided to pregnant women and teens.
- Supplemental assistance for prenatal care was provided to uninsured, low-income pregnant women.
- Fatherhood involvement programs were provided to new fathers with information on parenthood, infant care, and childbirth.
- Community development, provider education, and infrastructure building, by utilizing the Perinatal Periods of Risk (PPOR) was used as a collaborative tool.
- A major thrust towards developing a seamless system of care through networking and involvement with other providers, coalitions, and community groups.
- Lending Libraries provide tapes, books, and other sources of educational materials for community, school, and agency use.
- Prenatal classes for Spanish speaking women only provided in areas where language was identified as a major barrier.
- Teen pregnancy programs developed where this population was excessively high.

It is well to note that the above services and numbers of individuals they served are not included in the aggregate amounts mentioned. It is therefore determined that 7,429 women and 2,447 children are relatively conservative numbers.

COORDINATED PROGRAMS:

Due to the uniqueness and flexibility of the CPBG program, counties are able to utilize funds to enhance and expand other programs. For example, some counties utilize pregnancy tests to identify women early into the pregnancy in order to increase the likelihood that they receive prenatal care as early as possible. If the test is negative, they utilize it to educate women on folic acid and to provide them with supplements. In addition, the funding from the Arizona Department of Health Services for the folic acid program is not always sufficient to provide the education and follow up needed for the success of the program. In many cases, the CPBG Coordinator is also the person who conducts the pregnancy test, provides referrals for prenatal care and educates women on the importance of folic acid. Consequently, the CPBG monies are often used to supplement this program in order that more women are reached.

In many cases the Health Start (HS) staff provide services (ie. home visits, identification of potential at risk women, home safety checks, car-seat education) to both CPBG clients and Health Start clients. They are able to identify women who may not be eligible for one program (HS) but eligible for the other (CPBG). Their salaries are taken from both grants when appropriate. In areas where the county has no Health Start, the CPBG program functions much like it.

Immunizations tend to be not only a major concern of the counties, but are also a way to provide some of the post-partum services of the Health Department. Their target population is “Infants up to the age of two years.” Consequently, this gives them the opportunity to do assessments on the needs of the home and family – post-partum depression, home safety issues, medical assessments for the newborn and referrals to the family planning program.

The Car Seat program has become a major effort in all 15 counties. A few of the counties are funded through the Community Health Grants to provide this program. However, there are a number of counties that do not receive funds elsewhere and are utilizing the CPBG funds to have staff trained as technicians in order that the be able to conduct car-seat inspections, purchase car seats and provide families with proper training on car-seat safety and installation.

COUNTY PRENATAL BLOCK GRANT and MATERNAL CHILD HEALTH PROGRAMS:

In the majority of the counties, the coordinators are also public health nurses and tend to wear several hats – working in immunizations, pregnancy testing clinics, family planning, etc. Consequently, the CPBG tends to be the hub of the Counties’ Maternal Child Health programs - feeding into other programs that are insufficiently funded to meet the needs of the target populations. The two budget reductions this program has experienced has forced the counties to take a synergistic approach to program planning, service delivery, and budgeting. The CPBG is used to supplement a number of programs that address the same target populations that this grant is mandated to address. The flexibility of this program allows creative use of the grant funds to keep women and children from falling through the cracks or being excluded based on certain criteria. In other words, funding or supplementing programs for women and children who may not be otherwise qualified in one program, may make them eligible to receive services in another.

APACHE COUNTY HEALTH DEPARTMENT EVALUATION	
Goal 1: To improve birth outcomes in Apache County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, women enrolled in the prenatal program will have received 100 prenatal visits as measured by encounter forms.	1.1 186 visits
1.2 By June 30, 2004, 150 pregnant women will be enrolled in the prenatal outreach program as measured by client enrollment forms.	1.2 During FY 03-04, 193 "at-risk" women were enrolled in the prenatal outreach program.
1.3 By June 30, 2004, enrollees in the prenatal outreach program will have a 30% increase in knowledge about the importance of the impact of women's health and prenatal health on birth outcome as measured by pre/posttests.	1.3 Pre/posttests administered showed a 41% increase in knowledge
Goal 2: Reduce the incidence of childhood diseases and infant mortality in Apache County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 150 children will have received age appropriate immunizations by two years of age as measured by family follow-up forms.	2.1 219 children have received age-appropriate immunizations
2.2 By June 30, 2004, nine (9) classes teaching breastfeeding, nutrition and infant care will be held as measured by class sign in sheets.	2.2 20 classes were held

COCHISE COUNTY HEALTH DEPARTMENT EVALUATION

Goal 1: To improve pregnancy outcomes for women of child bearing age	
Objectives:	**Evaluation:**
1.1 By the end of each quarter, 75 women (300 annually) will be educated on folic acid.	1.1 408 women from Family Planning Clinic, WIC, food bank and schools were provided referrals Although this program is funded by ADHS, there is not adequate funding for the educational component and program coordination. Consequently, CPBG funds are used to supplement this program.
1.2. By June 30, 2004, 300 of women receiving folic acid education will demonstrate an increase in knowledge of the importance of folic acid.	1.2 362 of the 408 women demonstrated an increase in knowledge of the importance of folic acid
Goal 2: Reduce negative outcomes of teen risk-taking behavior	
Objective:	**Evaluation:**
2.1 By June 30, 2004, 200 teens will be educated on puberty, maturation, sexuality and pregnancy.	2.1 68 teens were educated
Goal 3: Reduce the number of deaths to children caused by motor vehicle crashes	
Objective:	**Evaluation:**
3.1 By June 30, 2004, 200 families will receive car seats, car seat safety training and education on car seats as measured by car seat installation forms.	3.1 206 individuals received car seats. 105 families and caregivers received car seats and training directly from Cochise County Health Department CPBG staff
Goal 4: Improve health status of infants in Cochise County through the development of a breastfeeding education program	
Objective:	**Evaluation:**
4.1 By June 30, 2004, 200 women countywide will receive breast-feeding education and support as measured by sign in sheets.	4.1 199 women received education

Goal 5: Reduce the number of preventable injuries caused by poisoning and death in home incidents	
Objective:	**Evaluation:**
5.1 By June 30, 2004, 100 families will receive safe home safety devices as measured by the checklist tool.	5.1 97 families received safe home visits. Number of devices not reported
Goal 6: To increase awareness of the impact of substance abuse and alcohol in pregnant and parenting women and infants	
Objective:	**Evaluation:**
6.1 By June 30, 2004, 400 women in Cochise County will be provided with information regarding the impact of substance abuse on birth outcome as measured by sign in sheets.	6.1 182 women and teens were provided with information regarding substance use and abuse

COCONINO COUNTY PROGRAM EVALUATION

Goal 1: Improve birth outcomes among low-income women through prenatal care and prenatal education	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 80 low-income couples will receive childbirth education through free classes as measured by class sign in sheets.	1.1 127 couples were served and 12 classes were held.
1.2 By June 30, 2004, 76 couples will correctly identify how to react to symptoms of preterm labor, as measured by posttests.	1.2 97 couples demonstrated increase in knowledge
1.3 By June 30, 2004, class participants will show 15 % increase in knowledge of childbirth as measured by pre/posttests.	1.3 11% average increase in knowledge was demonstrated
1.4 By June 30, 2004, 50 uninsured pregnant women will receive supplemental assistance for prenatal care as measured by clinic invoices paid by CCDHS.	1.4 23 uninsured pregnant women were provided prenatal care at a cost of $300.00
1.5 By June 30, 2004, 30 of the 50 (60%) pregnant women served in Objective 4 will enter care in the first trimester as measured by patient records.	1.5 12 women (52%) entered care in the first trimester Although the Objective was not met, this number is still high for the low-income, high-risk population.
Goal 2: Increase early fatherhood involvement with newborns	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, provide 40 dads with infant care and bonding education through monthly Boot Camp for New Dads classes, as measured by class sign in sheets.	2.1 64 dads participated in the program
2.2 By June 30, 2004, 32 (80%) of dads participating in the program will report improved confidence on at least 4 of 7 infant care and bonding skills as measured by participant evaluations.	2.2 50 dads (78%) reported improved confidence on at least 4 of 7 skills

Goal 3: Increase provider collaboration to improve utilization of MCH related education and services	
Objectives:	**Evaluation:**
3.1 By June 30, 2004, a collaborative outreach event (Kidstuff Swap) will provide at least 60 families in Coconino County with information on at least 6 local health and social services as measured by participant evaluations.	3.1 69 families attended 8 service agencies participated 2 events were held
3.2 By the end of FY04, 26 families will be referred into an appropriate health or social service, as measured by evaluations completed by participating service agencies.	3.2 43 families were referred to services
3.3 By the end of FY04 all 71 CPBG Advisory Board members and e-news subscribers will receive a quarterly CPBG e-newsletter with updates on MCH related services in Coconino County as measured by completed mailing list.	3.3 Each quarter an e-newsletter was distributed. The e-newsletter now connects over 60 MCH providers across Coconino County.
Goal 4: Increase the proportion of pregnancies begun with an optimal level of folic acid	
Objectives:	**Evaluation:**
4.1 By the end of FY04, provide 400 low-income women of childbearing age with folic acid education and free multivitamins as specified under the ADHS Folic Acid Program as measured by program summary reports.	4.1 428 women received folic acid education and supplements Although this program is funded by ADHS, there is not adequate funding for the educational component. Consequently, CPBG funds are used to supplement this program.
4.2 By the end of FY04, 58 (70%) of the women who receive a follow-up visit will demonstrate accurate knowledge on the benefits of folic acid as measured by follow-up forms.	4.2 68 women or 81% demonstrated accurate knowledge as compared to state averages that reflect 30% of Arizona women know the benefits of folic acid

GILA COUNTY PROGRAM EVALUATION

Goal 1: Reduce risk of poor birth outcomes for families in Gila County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 500 resource and educational materials pertaining to prenatal care, prenatal resources, nutrition and folic acid will be developed and disseminated to families and women of childbearing age in Gila County.	1.1 1045 educational materials were disseminated at Head Start community round-up fair, San Carlos Wellness Conference, and Cobre Valley Community Hospital Fair.
1.2 By June 30, 2004 five new materials for the lending library will be provided to agencies, community groups and women in Gila County.	1.2 Four new educational materials were purchased. Two women and one school district borrowed from the library.
Goal 2: Improve health status and safety of newborn infants and children in Gila County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 15 child safety restraints and applicable trainings will be provided to eligible Gila County residents	2.1 21 trainings were provided. 14 car seats were provided.
2.2 By June 30, 2004, participants in the car seat program will demonstrate a 20% increase in knowledge related to the importance and use of car seats.	2.2 Overall 27.5 % increase in knowledge.

GRAHAM COUNTY PROGRAM EVALUATION

Goal 1: To increase likelihood of ensuring a positive birth outcome

Objectives:	**Evaluation:**
1.1 By the end of FY04, a minimum of 100 women who test positive for pregnancy will leave with prenatal vitamins, educational material, and community resources as measured by clinic records and patient files.	1.1 133 women tested positive for pregnancy and received prenatal information and prenatal vitamins.
1.2 By the end of FY04, 100 women with a positive pregnancy test will attend the prenatal education classes as measured by class sign in sheets.	1.2 222 pregnant women have attended the classes.
1.3 By the end of FY04, participants in the prenatal education program will demonstrate a 75% increase in knowledge related to prenatal care as measured by pre/posttest scores.	1.3 Women demonstrated a 50% increase in knowledge.
1.4 By the end of FY04, 100 women who have negative pregnancy test will receive information on folic acid and a year's supply of supplements as measured by client records.	1.4 134 women received information and/or supplements on folic acid Although this program is funded by Arizona Department of Health Services/Office of Nutrition Services (ADHS/ONS), there is not adequate funding for the educational component and program coordination. Consequently, CPBG funds are used to supplement this program
1.5 By the end of FY03, women who receive folic acid education will demonstrate a 75% increase in knowledge of the importance of folic acid before conception as measured by pre/posttests.	1.5 Average pretest scores: 0% Average posttest scores: 100% 100% average increase in knowledge

GREENLEE COUNTY PROGRAM EVALUATION

Goal 1: To improve birth outcomes for women of child- bearing age in Greenlee County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, the CPBG Coordinator will provide prenatal classes to 25 pregnant women as measured by patient charts.	1.1 37 Pregnant women participated in prenatal classes
1.2 By June 30, 2004, women in prenatal classes will demonstrate a 10% increase in knowledge regarding childbirth/ prenatal care as measured by pre/posttest scores.	1.2 All participants demonstrated a minimum of 10% increase in knowledge
1.3 By June 30, 2004, 100 women and teens will have been provided with educational materials, informational brochures, videos and literature on prenatal care, folic acid and sexually transmitted diseases as measured by numbers of brochures and videos dispensed.	1.3 300 brochures were distributed
1.4 By June 30, 2004, ten (10) pregnant women and teens visiting the GCHD will receive "prenatal care" in the first trimester as measured by client files and intake forms.	1.4 31 women were seen in the first trimester
1.5 By June 30, 2004, 90% (15) of babies born from mothers who received prenatal classes in Greenlee County will weigh more than 5 lbs. 8 oz. as measured by client charts.	1.5 16 babies were born with a birth weight over 5 lbs. 8 oz.

LA PAZ COUNTY PROGRAM EVALUATION

Goal 1: Improve birth outcomes for women of childbearing age in La Paz County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 160 women in La Paz County will receive pregnancy tests and information regarding women's health, and pregnancy/prenatal care as measured by pregnancy test logs.	1.1 206 pregnancy tests were provided.
1.2 By June 30, 2004, 160 women who test positive for pregnancy at La Paz County Health Department will be assessed for individual needs related to prenatal care as measured by client assessment forms.	1.2 102 positive tests – 206 assessments were completed. Referrals were made to Family Planning, Prenatal care, WIC, AHCCCS/DES, Medical Care and Tobacco Programs
1.3 By June 30, 2004, women who test positive for pregnancy will demonstrate a 30% increase in knowledge regarding pregnancy and prenatal care as measured by pre/posttests.	1.3 39.6% increase in knowledge was demonstrated
Goal 2: Reduce the number of childhood illnesses and injuries for children less than 2 years of age in La Paz County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 12 parents or guardians of babies 12 months of age or younger will be provided with information regarding safety, nutrition and child development, and will receive appropriate county and community referrals as measured by the completed Welcome Baby Basket (WBB) Assessment forms.	2.1 17 parents or guardians received WBB's as well as information and appropriate referrals
2.2 By June 30, 2004, parents or guardians will report a 20% increase in knowledge regarding safety, nutrition, child development and referrals as measured by completed WBB Forms.	2.2 There was a 33% increase in knowledge
2.3 By June 30, 2004, 20 of all WBB will be delivered within a two week time frame as measured by the date on the referral from the date of the assessment.	2.3 15 of 24 WBB's were delivered within a two week time frame Average delivery time: 18 days
2.4 By June 30, 2004, 20 parents/guardians will receive car seats, including information and education regarding car seat safety and	2.4 85 car seats were distributed

installation as measure by car seat distribution log.	
2.5 By June 30, 2004, parents/guardians will demonstrate a 20% increase in car seat safety knowledge as measured by pre/posttests.	2.5 33% increase in knowledge
Goal 3: Increase positive birth outcomes by reducing neural tube defects	
Objectives:	**Evaluation:**
3.1 By June 30, 2004, 160 will receive education regarding the importance of folic acid and neural tube defects as measured by pregnancy log records.	3.1 206 women received information and education regarding the importance of folic acid Although this program is funded by Arizona Department of Health Services/Office of Nutrition, there is not adequate funding for the educational component and program coordination. Consequently, CPBG funds were used to supplement this program
3.2 By June 30, 2004, women receiving information and education will demonstrate 30 % increase in knowledge of folic acid and neural tube defects as measure by pre/post tests.	3.2 39.6% increase in knowledge was demonstrated

MARICOPA COUNTY PROGRAM EVALUATION

Goal 1: To increase collaboration among agencies in the perinatal system in Maricopa County	
Objective:	**Evaluation:**
1.1 By June 2004, create a board or coalition consisting of at least 10 key health organizations that will provide an infrastructure for maternal and child health efforts as measured by board meeting minutes and sign in sheets.	1.1 After significant research, it was determined that this objective is not feasible at this time. Future efforts will concentrate on strengthening local coalitions around the county.
Goal 2: To decrease infant mortality in Maricopa County	
Objectives:	**Evaluation:**
2.1 By April 2004, 100 stakeholders will receive a presentation of the results of the Phase II Perinatal Periods of Risk data analysis as measured by meeting sign in sheets.	2.1 132 Stakeholders received the information
2.2 By May 2004, a minimum of presentation participants will commit to turning data into action as measured by number of commitment cards.	2.2 49 Commitment cards were completed
Goal 3: To increase access to care in the South Phoenix and Maryvale communities	
Objective:	**Evaluation:**
3.1 By June 2004, secure funding to support Alliance for Innovations in Health Care as measured by award letter from founder.	3.1 Funding procured from ADHS and MCDHS Project is planned to be implemented in 2004-05
Goal 4: To increase access to prenatal care for women and teens receiving services at Maricopa County Department of Public Health and Pregnancy Connection Program	
Objectives:	**Evaluation:**
4.1 By June 30, 2004, 400 pregnant clients referred to Pregnancy Connection Program will receive a pregnancy risk assessment and appropriate education and referrals for prenatal care as measured by case management referral log.	4.1 477 pregnant women were referred and received risk assessments by case managers 2,120 women received prenatal care referrals and information
4.2 By June 30, 2004, 340 of pregnant clients assessed as a moderate or high-risk pregnancy, will receive case management services client charts.	4.2 428 women were assessed 280 women were found to have risk factors high enough to receive case management

MOHAVE COUNTY PROGRAM EVALUATION	
Goal 1: To decrease neurotube defects for newborns in Mohave County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 280 women will receive education on importance of folic acid and its impact on birth outcome as measured by pre/posttest.	1.1 240 women were educated and received folic acid Although this program is funded by ADHS/ONS, there is not adequate funding for the educational component and program coordination. Consequently, CPBG funds are used to supplement this program.
1.2 By June 30, 2004, women who received folic acid education will demonstrate an 85% increase in knowledge regarding the impact of folic acid on birth outcome.	1.2 99% increase in knowledge by providing education, coordination, and follow-up to these women
Goal 2: Improve Birth Outcomes in Mohave County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 300 women testing positive for pregnancy will receive a risk assessment and appropriate referrals as measured by check off sheets.	2.1 1,262 pregnancy tests given 522 positive pregnancy tests 227 received a risk assessment
2.2 By June 30, 2004, 400 women with a negative pregnancy test will receive education on preconceptual health, risk behaviors, nutrition and referrals as measured by check off sheets.	2.2 1,262 pregnancy tests given 740 negative tests 76 check off sheets completed
2.3 By June 30, 2004, 300 home visits to pregnant women regarding home safety, prenatal care, parenting, etc., as measured by encounter forms.	2.3 236 encounter forms were completed

NAVAJO COUNTY PROGRAM EVALUATION

Objective:	Evaluation:
Goal 1: To decrease the number of childhood diseases in Navajo County	
1.1 By June 30, 2004, 100 infants/children in Navajo will complete the 4:3:1 immunization series as measured by the current immunization count.	1.1 85 infants/children completed 4:3:1 immunization series 2,228 infants/children were assessed
Goal 2: Decrease the number of infants born with low birth weight in Navajo County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, the number of low birth weight babies will decrease from 17 to 14 per year as measured by hospital records.	2.1 Total births: 1565, 56 born were less than 5.5 pounds.
2.2 By June 30, 2004, a minimum of 40 women will be provided information on proper diet and lifestyles before and during pregnancy as measured by sign in sheets.	2.2 62 women have attended prenatal classes. (Classes began in 3rd quarter)
2.3 By June 30, 2004, participants will demonstrate a 20% increase in knowledge regarding the importance of diet and lifestyles before and during pregnancy as measured by pre/posttests.	2.3 Average pretest scores: 33% Average posttest scores: 80%, Average increase in learning: 47%
Goal # 3: To increase the number of women who breastfeed at hospital discharge	
Objectives:	**Evaluation**
3.1 By June 30, 2004, 20 women will be educated on the benefits of breastfeeding as measured by class sign in sheets.	3.1 18 women attended breastfeeding classes.
3.2 By June 30, 2004, participants in breastfeeding classes will increase knowledge regarding the benefits of breastfeeding by 40% as measured by pre/posttest scores.	3.2 No pre/posttest scores were listed, due to lack of staffing, full implementation was not provided.

PIMA COUNTY EVALUATION	
Goal 1: Decrease fetal and infant mortality rates among infants born to African American, Native American and White non-Hispanic women	
Objective:	**Evaluation:**
1.1 By June 30, 2004, a minimum of ten individuals from community providers, coalitions and community groups will receive educational information by way of presentations regarding increased risk for fetal and infant loss as measured by sign in sheets.	1.1 350 child care providers and/or pregnant clients and 41 coalition members and providers received educational information regarding fetal and infant loss
Goal 2: Improve birth outcomes for pregnant women who are at risk in Pima County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 100 pregnant women will receive early and consistent group prenatal care as measured by sign in sheets.	2.1 66 women attended group prenatal care
2.2 By June 30, 2004, 90 participants in the program will attend 8 out of 10 of the prenatal classes as measured by sign in sheets.	2.2 59 women out of 66 (90%) attended 9 out of 10 program sessions
2.3 By June 30, 2004, 50 pregnant teens will receive early and consistent prenatal education as measured by group class rosters.	2.3 73 pregnant teens participated
2.4 By June 30, 2004, 50 pregnant teens will receive case management services early in their pregnancy as measured by case records.	2.4 61 teens received case management services

PINAL COUNTY PROGRAM EVALUATION	
Goal 1: Improve birth outcomes for women in Pinal County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, Public Health Nurses (PHN) will provide 180 home visits to pregnant women in Pinal County as measured by client logs.	1.1 197 home visits were made (38 women)
1.2 By June 30, 2004, 85% of referrals received by PHNs will be contacted within two weeks of receipt as measured by client charts.	1.2 34 (88%) of the 38 referrals were contacted within two weeks
1.3 By June 30, 2004, 32 (85%) of new referrals will begin OB prenatal care within six weeks of enrollment as measured by client charts.	1.3 24 (65%) began prenatal care within six weeks of enrollment
1.4 By June 30, 2004, 52 (80%) of high-risk pregnant women will receive home case management services and monthly home visits as measured by client charts.	1.4 43 (66%) received monthly home visits

SANTA CRUZ COUNTY EVALUATION

Goal 1: To improve health status of women of childbearing age, newborns, infants and children in Santa Cruz County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 140 women will receive breastfeeding education and/or lactation counseling as measured by hospital logs.	1.1 245 women received education and/or counseling
1.2 By June 30, 2004, 30 families will receive car seat inspections and/or instructions as measured by staff documentation.	1.2 1 class was held 11 home inspections took place 23 in-home car seat instructions were provided
1.3 By June 30, 2004, 100 women and children will be enrolled into AHCCCS and KidsCare insurance programs as measured by program applications.	1.3 1,315 women and children were enrolled
Goal 2: To Improve birth outcomes for women	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 100 women will receive prenatal services as measured by staff logs.	2.1 260 women: Health Fairs, prenatal classes, and gestational diabetes classes
2.2 By June 30, 2004, 80 women will receive folic acid education and supplements as measured by client participation forms.	2.2 188 women received folic acid education and supplements. Although this program is funded by ADHS/ONS, there is not adequate funding for the educational component or coordination of the program. Consequently, CPBG funds were used to supplement this program

YAVAPAI COUNTY PROGRAM EVALUATION	
Goal # 1: Increase health knowledge and healthy behaviors in pregnant women in Yavapai County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, four Spanish speaking women will attend prenatal and childbirth classes as measured by class sign-in sheets.	1.1 Four women attended classes. Due to staff scheduling, classes did not begin until last quarter.
1.2 By June 30, 2004, participants in Spanish speaking only classes will demonstrate a 15% increase in knowledge as measured by pre/posttest.	1.2 Pre/posttests not yet available
Goal 2: Improve birth outcome for women in Yavapai County	
Objectives:	**Evaluation:**
2.1 By June 30, 2004, 1,000 women will receive a pregnancy test as measured by clinic logs.	2.1 2,058 women were tested
2.2 By June 30, 2004, 50 women will be referred to a medical provider for antepartum care as measured by clinic logs.	2.2 343 women were referred to medical providers
2.3 By June 30, 2004, 30 high-risk pregnant women will be assessed and referred to Health Start for education and support as measured by clinic report.	2.3 236 pregnant women were referred to Health Start
2.4 By June 30, 2004, six pregnant women receiving home visits from Community Health Workers will complete nine (9) prenatal visits by a medical provider as measured by client charts.	2.4 8 women received 9 or more prenatal visits
Goal 3: Improve the nutritional health status of pregnant women in Yavapai County	
Objectives:	**Evaluation:**
3.1 By June 30, 2004, 100 pregnant women will be referred to WIC to receive nutrition counseling and supplemental food items as measured by clinic logs.	3.1 338 women were referred to WIC
3.2 By June 30, 2004, 50 pregnant women will be provided with prenatal vitamins as measured by client chart.	3.2 62 pregnant women were provided with prenatal vitamins

YUMA COUNTY HEALTH DEPARTMENT	
Goal 1: To improve birth outcomes in Yuma County	
Objectives:	**Evaluation:**
1.1 By June 30, 2004, 86(100%) of Teen Age Parenting Program (TAPP) students enrolled will complete prenatal classes as measured by class sign-in sheets.	1.1 86 (100%) teens enrolled in TAPP and completed prenatal classes
1.2 By June 30, 2004, the number of teens in the program who will access medical care in the first trimester will increase from 20% to 35% as measured by case management reports.	1.2 44 teens out of 86 (51%) accessed prenatal care in the first trimester
1.3 By June 30, 2004, the percentage of teens enrolled for case management follow up in the first trimester will increase from 20% to 35% as evidenced by enrollment forms.	1.3 28 out of 86 teens (33 %) received case management services in the first trimester
1.4 By June 30, 2004, 12 presentations will be provided to the community by YCHD staff regarding preconceptual health care issues as measured by the Activity Logs.	1.4 Total presentation for the year: 32
Goal 2: To increase the number of new mothers who choose to breastfeed	
Objective:	**Evaluation:**
2.1 By June 30, 2004, 100 % (86) participants in case management program will receive information and education on nutrition and breastfeeding as measured by case management reports.	2.1 85 out of 86 (99 %) pregnant teens received education on nutrition and breastfeeding

CPBG EVALUATION 2003-2004

Goal 1: Improve birth outcomes for infants born in the state of Arizona.	
Objectives:	**Evaluation:**
1.1. By June 30, 2004, 5,000 women of childbearing age will receive: pregnancy tests, information and referral, prenatal classes, risk assessments, case management services, home visits, and education on birth outcome and health status prior to pregnancy as measured by class sign-in sheets, encounter forms and/or test results.	1.1. 7,429 women and teens received one or more of these services (Unduplicated)
1.2. By June 30, 2004, 1,000 pregnant women will complete at least one of the following: prenatal care, childbirth, nutrition, labor and delivery education classes as measured by class sign-in sheets.	1.2. 1,420 women attended and completed at least one of the classes
1.3. By June 30, 2004, those who attend classes will demonstrate a 50% increase in knowledge regarding one or more of the following: prenatal care, nutrition, childbirth, breastfeeding, parenting, etc. as measured by pre/posttest results.	1.3. Of the 1,420 pregnant women only 706 were actually provided with a pre/posttest. Of the 706 women, there was an average 33% increase in knowledge
1.4. By June 30, 2004, 100 women will enter prenatal care in the first trimester as measured by client files.	1.4. 174 women out of 292 (60%) entered into prenatal care in the first trimester (See Narrative for further explanation.)
1.5. By June 30, 2004, 1,000 women will receive folic acid supplements, and information and education related to neuro tube defects as measured by client logs.	1.5. 1,416 women were provided with education and supplements
1.6. By June 30, 2004, women educated on the importance of folic acid on birth outcome will demonstrate a 50% increase in knowledge as measured by pre/posttests.	1.6. Of the women tested, there was an 84% increase in knowledge (See Narrative for further explanation.)

Goal 2: To reduce the incidence of childhood diseases and infant mortality	
Objectives:	**Evaluation:**
2.1. By June 30, 2004, 500 infants/children will have received age-appropriate immunizations as measured by medical logs.	2.1. 2,447 infants/children were assessed 389 were determined to have completed age appropriate immunizations (See Narrative for further explanation.)
2.2. By June 30, 2004, 400 families and caregivers will receive car safety restraints and education on proper installation as measured by sign in sheets.	2.2. 418 car seats were distributed This is a conservative number as one county reported number of classes given but did not report number of participants or safety restraints
2.3. By June 30, 2004, participants in car seat safety classes will report a minimum of 50% increase in knowledge regarding the use of car seat safety restraints.	2.3. 31% increase in knowledge with only two counties reporting pre/posttest scores